

President's Column

What is happening to Ethics in our profession? Anybody reading recent journals or dental newsletters cannot fail to be aware of the fact that there is an apparent oversupply of dentists in most western countries. I say apparent oversupply because there is still a wide gap between the demand and the need for dental treatment even though the dentist patient ratio has decreased rapidly in the last ten years. It has been said that there is no teaching only learning. I believe this would well apply to Ethics.

There are some members of our profession as well as members of the community who believe the Ethics of our profession are being lowered. Perhaps it may be worthwhile to mention some factors which could influence Ethics.

In our consumer society increased emphasis is being placed on the rights of the consumer while the profession appears to be under pressure to become more accountable for their previously held dictatorial attitude. In some quarters there are moves for the profession to become a trade. Any move in this direction must be a retrograde step which would finally lead to the consumer receiving less than optimal dental care.

Australia tends to mirror changes in America perhaps five years later. I wonder if this will be the case in regard to advertising by the dental profession? In USA

there are dentists who advertise on T.V., Radio or in the daily Press. Although the number who advertise is a small minority, it is interesting to postulate what may happen here in a few years with the rapid decline in Caries and the apparent oversupply of dentists.

Another point of which we are all aware is over-treatment. Because of the success of fluoridation and an increased awareness of dental health, the active caries lesion progresses at a much slower rate. Consequently it is prudent to be conservative about early restoration of minor irregularities in the occlusal surface of posterior teeth or the questionable incipient interproximal lesion showing on a radiograph. This conservative approach must be viewed with respect to the previous caries experience of the patient and whether the patient has regular examinations. Fluoridation has increased the hardness of enamel and in some patients there is no clinical evidence of active occlusal caries but a bitewing radiograph shows a large carious lesion and in some cases almost a pulp exposure. Therefore in addition to examining a bitewing radiograph for interproximal lesions, the occlusal surfaces must be examined for possible caries. These changes in diagnostic procedure mean that our clinical judgment must be more acute so that over-treatment does not occur.

President's Column Cont'd.

One of the side effects of dental practice not being quite so hectic now as perhaps 12-24 months ago is that the dentist can more easily programme time to be spent in discussion with the patient. If the profession is to motivate those people who are not receiving dental care to present for an examination and continued regular care, I believe it rests with the individual practitioner. Certainly an educational campaign through the media may be helpful initially but it is the practitioner who must become competent in presenting what dentistry can do for the patient.

During the last two decades much has been written and spoken about practice management. It is only in recent years that more emphasis is being placed on the behaviour of the patient and members of the dental team particularly in relation to obtaining rapport with the patient.

The record of the dental profession in bringing about the acceptance of preventive dentistry is unique. If we approach the present crisis with the same enthusiasm and will to succeed as exhibited previously, then there will still be a dental profession judged by consumers to have high ethical standards.

Kevin Allen

Federal Secretary's Notes

The Federal Council of the A.S.D.C. held it's Annual Meeting for 1981 on Saturday 30th May in Adelaide. All State Branches were represented with the exception of Tasmania, which has been disbanded - only temporarily we hope. Those present were:-

President: Kevin Allen (SA)
Vice Pres: Arthur Telford (Vic)
Sec/Treas: Tom Mackay (NSW)
From W.A.: Alistair Devlin as a substitute for Professor Des Kailis
From Qld: Pat Comiskey, a new representative on Council.

Immediate

Past Pres: John Keys (Wld)

FOR YOUR DIARY - 30th April - 1st May, 1982

A.S.D.C. Biennial Convention at the Sheraton Hotel PERTH.
Guest Overseas Lecturer - Dr. Lars Granath (Specialty Endodontics). This Pre-Congress Meeting is to be held in conjunction with Australian Society of Endodontists. The theme will be Pedodontic Endodontia. Further details will be provided by the Western Australian Branch in due course, but Alistair Devlin assures me that all those who make the trip West can look forward to a most rewarding and enjoyable Conference.

MORE FOR YOUR DIARY 21st - 25th February, 1983

9th Congress, International Association of Dentistry for Children, at the new 'Melbourne Wentworth' Hotel.

The General Chairman of the Organising Committee, Dr. Roger Hall, presented Council with a comprehensive report of progress to date. There is no doubt that this is a monumental task that Roger and his Committee have undertaken, and they are to be commended for it. The preliminary Report outlines what promises to be a successful and prestigious international conference.

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FED's Secretary Cont'dMEMBERSHIP

1981 numbers are down approximately 17% compared with last year, and are as follows:-

Queensland	18
N.S.W.	27
Victoria	47
S.A.	24
W.A.	22
	<u>138</u>

It is to be hoped that as the year continues late enrolments will show an improvement on the current figure. So maybe Branch Secretaries could issue some subtle reminders to those old stalwarts who may have overlooked paying their annual membership dues.

8th CONGRESS of I.A.D.C. DAVOS, SWITZERLAND. July 22 - 25, 1981.

Federal Council elected Dr. Kevin Allen (President) to be our official delegate to this Congress, with Dr. Roger Hall as the alternate delegate. It is expected that about 25 Australian dentists will be attending this Meeting.

MEDICAL BENEFITS for Services of Accredited Dental Practitioners in the Treatment of Cleft Lip and Cleft Palate Conditions.

Federal Council is concerned with some aspects of this Scheme and Dr. Allen has been instructed to make a submission on our behalf to the A.D.A. urging them to draft a complaint and/or alternate proposals for the attention of the Minister responsible. Should any A.S.D.C. member have a particular grievance in this regard, you are advised to direct it to Dr. Allen as soon as possible.

FEDERAL SUBSCRIPTIONS

Members will be pleased to note that Council decided to maintain the Federal Subscription at the present level of \$10.

Tom Mackay

Queensland Branch

Our April meeting was as interesting as promised. Dr. John Pearn, Reader in Child Health at Queensland University, discussed the relevance of genetic disorders in dental practice. Some of our guests for the evening, who have had experience in clinics dealing with oro-facial abnormalities of genetic origin, added to the lively discussion afterwards.

The branch began its current clinical project in May. Our initial aim is to establish a base line for the experience of 'bottle caries' in pre-school patients in our members' localities and clinical patterns associated with its occurrence.

Presently, arrangements are under way for an "away-from-Brisbane" weekend on 29th-30th August. The theme for the session will be "Dentistry for the Handicapped Child" and Kooralbyn, via Beaudesert has been settled for the venue. We would be delighted to see any interstate members who might fancy catching some winter sun in Queensland at that weekend. Enquiries can be directed to Dr. L. McAllan, Dental Therapy Training Centre, Park Road, Yeronga, 4104.

Our next meeting is scheduled for Monday 1st June at 8 p.m. at the Dental School, when we hope to hear news of the Federal Council Meeting from our representatives.

Lynette McAllan

VICTORIAN BRANCH - One Day Convention - Monday 29th June.

"The Integration of the Disabled Child into Dental Practice"

Contact Dr. James Lucas, 51 Darling Road, East Malvern, Vic. 3145
Phone, AH: 211 3382
BH: 202 484

Victorian Branch

The branch has had two dinner meetings since the last newsletter and an extra lecture meeting.

The first dinner meeting, which was attended by fifty members and guests was, as usual, held at University House. After our new president Lloyd Fennell welcomed members, new members and guests, in particular Dr. Sam Pruzansky, our guest lecturer, Dr. Arthur Telford addressed the meeting. His topic was "Treatment of Traumatic Injuries to Deciduous Teeth" and was delivered with a sound basis of practicality and expertise. Dr. Telford stressed a number of important points, one, masterful inactivity may initially be the treatment of choice. Two, discoloured or darkened teeth do not necessarily indicate the need for endodontic care. Three, if periapical pathology appears, pulp extirpation and treatment with Kri paste is less traumatic and just as effective as extraction.

Following this enjoyable meeting, twenty members were able to listen to Dr. William Fisher, visiting from the Weston Price Institute, who spoke on Orthomolecular Dentistry. His concepts of good health and maintenance provided many interesting points of discussion and thought for those who attended.

Our second dinner meeting was attended by thirty-six members and guests and was addressed by Dr. John Mathews who provided an enjoyable and informative lecture on 'Radiation Hygiene'. He

informed those present of some recent politics in the field of dental radiation and that a licence fee is being considered for dental practitioners. He also stated that radiation hygiene should not only protect the patient but also the dental staff. To ensure this the use of

1. Radiation badges for staff
2. Lead apron and possible thyroid collars for patients.
3. A well-directed X-ray beam with suitable shielding of other rooms should be considered.

Our next function is our 'One Day Convention' on Monday June 29th, titled:- "Integration of the Disabled Child into Dental Practice".

James Lucas

S.A. Branch

The first two Branch meetings for the year had the same theme - Surgical Orthodontics, but were presented from different standpoints. The first was presented by Dr. John Jenner, an Orthodontist; and the second was given by Dr. Barry Fitzpatrick, an Oral Surgeon. It was extremely interesting to hear and see the work that these two colleagues are engaged upon. It is evident that there is considerable co-operation existing between the two areas of dentistry - which is just how it should be if we are to keep the patient's well being as our prime target. Both John and Barry gave extremely interesting and well illustrated

S.A. Branch Contd.

talks which would have taken very thorough preparation. The two meetings proved a worthwhile venture.

The first Childrens Dentistry Prize awarded by the Branch was presented to Mr. Yip Ka Leung at our first meeting. He received a Certificate and a cheque for \$50.

The Branch has welcomed two new members to its ranks, Drs. Dave Easterbrook and Andrew Chartier. Another member, Garth Dever, has been appointed to the Pedodontic Department of Otago University, New Zealand; we shall miss his contributions to the Branch and wish him well for the future.

The programme for the remainder of the year has been arranged as follows;

June 30th, Dr. Colin Robinson an Endodontist, will present "Fractured Incisors - An update". This meeting will be held at the Naval, Military and Air Force Club (6.00 for 6.30)

September 1st, M/s. Janie Barbour, a Social Worker at the Adelaide Children's Hospital will address the Branch on Child Abuse - venue - University of Adelaide, Staff Club.

October 27th - our A.G.M., the guest speaker will be Mrs. Gwen Wilkinson, a Dietician at the Modbury Hospital, venue to be finalised.

Interstate visitors will be welcome at any meeting - please phone Sec/Treasurer on 2944066 (work) or 2942080 (home)

John Kibble

W.A. Branch

The Branch was pleased to have Federal President Kevin Allen as its Guest in March. Kevin visited the University Dental School, the Dental Unit at the Princess Margaret Hospital for Children, the Public Health Department

Therapist Training School and the W.A. Institute of Technology Therapist Training School. He then addressed the General Meeting of the Branch on Federal matters; showed the dasette tape-slides on the Nursing Bottle Syndrome; this was followed by a most informative talk on laminated veneers with particular reference to heat treatment of these to obtain better adaption.

The next meeting will be on Wednesday June 24th (not 17th as previously advised). The speaker on this occasion will be Dr. Lawrie Baker whose topic will be "Microfilled Resin Anterior Restoration". This will continue the theme of the year - Materials in Paedodontics.

Planning is now progressing well for next year's A.S.D.C. pre-A.D.A. Congress Convention. The venue will be the Sheraton Hotel. The dates are Friday April 30th and Saturday morning May 1st. The guest speaker will be Dr. Lars Granath from Malmo, Sweden.

Alistair Devlin

[The production of this Newsletter
has been assisted by
Colgate Palmolive Pty. Ltd.]

N.S.W. Branch

Dr. Andrew Vern-Barnett addressed the March meeting of the Branch on the subject, "International Year of Disabled Persons; the many problems facing handicapped people". Andrew was able to give those present a compassionate insight into the problems of handicapped persons both from the point of view of a practising dentist and as one who has been involved in the running of centres accommodating handicapped people. We were also given an eye opening view into the political problems facing those who are trying to assist handicapped persons.

Our next meeting will be held on Tuesday, 19th May and the speaker will be Dr. Kevin Bourke, whose topic will be "Host Resistance Can Be Improved with the Chewing Brush".

The Branch will make a contribution to the fourteenth N.S.W. Dental Convention to be held in Lismore in July. This static exhibit has been repaired by Dr. Ian McWilliam and was also shown at the A.D.A. Convention, Hobart.

The Branch has been requested by the Library Committee of the Sydney University Dental School, to make a contribution towards the purchase of textbooks for the Dental School Library. A donation of approximately \$300 has been approved by the members of the Branch.

Ross Toll

8TH I.A.D.C. CONGRESS

DAVOS (Switzerland)

22-25 July 1981

Wednesday July 22	Introductory Program in Zurich Meeting of the Council in Davos 8.00 p.m. onwards: Reception in Davos for all the participants
Thursday July 23	OFFICIAL OPENING CEREMONY Topic 1: Dentistry for Children-a socio-medical problem Proved prophylactic measures-Goals and limitations of treatment - Consequences for the dental profession, the authorities and the dental education.
Friday July 24	Topic 11: Congenitally missing permanent teeth Epidemiology - Aetiology - Treatment - Concept: preservation of the deciduous teeth; Tooth-germ transplantation - Orthodontic Treatment - Rehabilitation with crowns and bridges. 8.30 p.m. Banquet
Saturday July 25	Free papers, Demonstrations, Table-clinics Poster display.

Simultaneous translation: English, French, German.
Information and correspondence to: Prof. Dr. L. Rinderer -
Parking 4 CH-8027 Zurich, Switzerland.

8th I.A.D.C. Congress cont'dIntroductory Programme

Wednesday, July 22, 1981 - Zurich

Since most participants will be arriving in Switzerland at the Zurich-Kloten airport, an introductory programme has been planned.

9.00 a.m. Welcome-Address and information. (Hotel International)

9.30 a.m. A short review of the structure and organisation of the Child Dental Health Programme in Switzerland

10.00 a.m. Departure in groups by bus for a visit of the school dental clinics of the City of Zurich

Ladies Programme, Sight-seeing tour of the city.

12.00 noon Lunch, Hotel International

1.00 p.m. Departure by bus for Davos where you will be taken directly to your hotel.

Depending on the number of registrations for the Introductory Programme and the journey to Davos, the participants will be divided into groups according to languages - English, French, Italian, German - and each group will be accompanied by a colleague fluent in the language. The journey to Davos will take us through very picturesque countryside and a coffee-break is planned somewhere in the mountains.

Although it is left to your discretion to plan your programme in Zurich to suit your convenience it is recommended that you book for the lunch and the journey by bus to Davos.

The purpose of the introductory programme is to welcome you to Switzerland and to make your journey to Davos as interesting as possible.

Registration fees

Participant: Fr 250 (Aus\$126.52) - which includes documentation in English, French, Italian, German - Reception in Davos, July 22 - Lunch on July 23, 24, & 25 - Refreshments during the recesses

Accompanying Person: Fr. 120 which includes Reception in Davos, July 22 - Official Opening Ceremony on July 23 - Lunch on July 24, 25, and 26.

Banquet: Fr. 60 (excluding drinks)

Accommodation

In Zurich: Hotel "International" Room with bath and breakfast

Fr 50 - Fr 80 - per person

In Davos: Room with breakfast per person without bath:

Fr 24 - Fr 41, with bath:

Fr 33 - Fr 58

(These prices apply for a double room. Extra charge for a single room: Fr 2 - Fr 5)

Group Travel Information

contact Dr. K.R. Allen,
282 Melbourne Street,
North Adelaide.
S.A. 5006

AUSTRALIAN ASSOCIATION for the WELFARE of CHILDREN in HOSPITAL

The Association held its 1981 Annual Meeting at Lakeside Hotel, Canberra, on April 3rd & 4th. Dr. Roger Hall attended representing A.D.A., I.A.D.H., and the Department of Dentistry, Royal Children's Hospital, Melbourne. The following is an edited version of the Report he prepared for the A.D.A. and I.A.D.H.

In this International Year of the Disabled Person the meeting had as its theme "The Special Needs of Handicapped Children in Hospital - Implications for Policy and Practice".

The Conference opened with a paper by Dr. Bruce Tonge, Director of Child and Adolescent Psychiatric Services at the Austin Hospital, Heidelberg, Victoria, on "The Psychological Implications of Handicap in Children". This was followed by papers by Miss Meryl Caldwell-Smith (The Handicapped Child in a General Hospital), Professor Marie Neale (Childhood recaptured for Children in Hospital - Education, Play and Recreation), Dr. Martin Glasson (The Handicapped Child in Casualty, Outpatients and Theatre). These papers which gave us much food for thought, really reflected the opening words of Bruce Tonge's paper - "I'm upset, You're upset, and so are my Mum and Dad".

For the rest of day one, 'workshops' (eight) considered the topics:-

- Emotional Disturbance and Handicapped in Children.
- Education for the Handicapped in Hospital.
- Play and Recreation for the Handicapped in Hospital.
- The Handicapped Adolescent.
- Hospital Interaction with Community - mechanisms for the care of the Handicapped Child.
- Handicapped Child Attending Hospital - Ward Management, Casualty, Outpatients, Theatre.
- Improved Policies for Care - Strategies for Change.
- Common and Special Needs of Children with Little Known Handicaps.

Attending the Conference were members of the Medical Nursing and Executive Administration of Major Paediatric Hospitals, together with professional persons in Nursing, Medicine and Dentistry (in addition to myself, Dr. Clive Wright, University of Melbourne Department of Child Dental Health, and Dr. Des Crack, Department of Children's Dentistry, Royal Dental Hospital of Melbourne,) who were interested in the subject. There were many parents of handicapped children present, and on the closing day there was a most impressive and unique presentation by a group of handicapped children aged 7-17 years under the skilful guidance of Miss Sue Needham, who spoke out and discussed the things which concerned them most about being handicapped and about having to go to hospital.

Many excellent recommendations resulted from the workshop reports and will be of great value when added to the previously prepared "Health Care Policy Relating to Children and Their Families", which was prepared in October 1974 and reported in the Medical Journal of Australia Vol. 2 No. 2 1975.

(Anyone wishing further information concerning A.A.W.C.H. could contact the Association, 78-80 Phillip St., Parramatta, NSW 2150 or obtain information on the Conference from Dr. Roger Hall, Royal Children's Hospital, Melbourne.)

International Association of
Dentistry for Children

9th Congress - Melbourne
February 21st-25th 1983
WENTWORTH MELBOURNE HOTEL



The new Wentworth Hotel opened on May 18th and appears a most impressive venue. The accommodation is probably the best in Australia and the facilities for the Scientific Meeting are first rate.

Your Organizing Committee has thoroughly explored the facilities.

The Local Arrangements Committee has now been finalized and its composition is as follows:

Chairman of the Local Arrangements Committee -
Dr. Arthur Telford

Chairman of the Registration Sub-committee -
Dr. James Lucas

Chairman of the Accommodation, Welcoming and
Hospitality Sub-committee - Dr. John Brownbill

Chairman of the Social Activities Sub-committee -
Dr. John Wilde

Chairman of the Opening and Closing Ceremony
Sub-committee - Professor Max Horsnell

Chairman of the Reception and Banquet Committee -
Dr. Pamela Daniel

In addition, the following Co-ordinator appointments have been made:

Co-ordinator of Post-congress Tours - Dr. Jean Cannon

Co-ordinator of Public Relations - Dr. Lloyd Fennell

Co-ordinator of Accompanying Persons Programme -
Dr. Vera Hall

Treasurer - Dr. Eustace Jeffrey

Accountant - Mr. Gerald Hutchinson

The Scientific Programme Committee has almost been finalized and the names of those members of that Committee will be given in the next Newsletter with information on the guest lecturers and programme.

The first announcement-invitation for the meeting is now being printed and will be distributed to all members in August. The General Chairman will be conducting a promotion for the 9th Congress, at the 8th Congress at Davos.

Official Congress appointments are:

Qantas - Overseas Carrier
TAA - Domestic Carrier

DIAGNOSIS OF INTERPROXIMAL CARIES WITH USE OF WET RADIOGRAPHS.

In an everyday clinical situation when there are time demands, or when an ideal viewing situation is inconvenient, radiographs may be read wet, and compromise in the accuracy of the diagnosis may occur. In an attempt to double-check, many clinicians re-examine the radiographs later. Two readings, however, are more time consuming. Is there a significant difference between these two methods?

Ninety-six sets of posterior bite-wing radiographs with 954 readable interproximal surfaces were inspected twice-once with use of the view box in a darkened room, and once wet, with use of room light. The radiographs for the experiment were mounted on a card, dipped into water to simulate a "wet reading," held 12 inches from the eye in the direction of a fluorescent ceiling light, and viewed for the diagnosis of interproximal carious lesions. No time limit was imposed; the total time required for each reading was recorded.

The number of carious surfaces observable in the experimental "wet reading" was less than half the number observable in the dry view-box reading. This was statistically significant at the .02 level for primary teeth and at the .05 level for permanent teeth. Absolute determination of "caries" or "no caries" could not be made for some surfaces when the radiographs were viewed wet in room light.

(Klein, Daniel et al. Quintessence Int. 10(10):107-109, 1979)

DEATH FOLLOWING BREATH HOLDING IN AN ADOLESCENT.

Breath holding is not uncommon in infancy following a startle, injury, or punishment. This reaction generally does not persist beyond the age of 6 years, and the outlook for normal development is excellent.

In 1951 Howard et al described voluntary breath holding in older children and adults, a practice we still find present in school-aged children. In this manoeuvre, a period of hyperventilation is followed by a Valsalva manoeuvre (forced expiration against a closed glottis) and the victim responds

with brief unconsciousness.

Recently, we observed a 12-year-old boy who died following a modified breath-holding spell. In the weeks before his death, he had been observed to hyperventilate, perform a Valsalva manoeuvre, and become transiently unconscious. On this occasion he had been observed in a playground hyperventilating and massaging his neck. The ensuing Valsalva manoeuvre was enhanced by a friend who performed a "bear-hug" from behind for one minute. When released the patient took several steps and fell backward. Five minutes later his school principal observed "shallow" respirations, a pulse of 40 beats per minute, and unresponsiveness. He died in hospital three days later.

(Murphy Jerome et al. American Journal Diseases in Children Vol. 135, Feb 1981 p.p. 180)

THE EFFECT OF LEVEL OF PROTEIN INTAKE ON CALCIUM METABOLISM.

When phosphorus and calcium intakes are held constant at relatively low levels, protein has a profound effect on calcium metabolism. In this study, at intakes of 500 mg calcium and 900 mg phosphorus an increase in protein intake from 46 to 123g caused urinary calcium to increase from 113 to 212 mg/day. Since calcium absorption was not affected the increase in urinary calcium caused balance to decrease from -14 to -121mg/day. These results are in agreement with other studies. It also showed that the changes in urinary calcium as well as the changes in renal function are immediate and sustained.

The results of this study showed that high protein diets relatively low in both calcium and phosphorus cause marked losses of calcium from the body. When meat was added to the diet there was a simultaneous increase in both protein and phosphorus which provided protection against this calcium loss.

(Hegstad M. et al. Journal of Nutrition Feb. 1981 pp248-251)

THOUGHT

The childhood shows the man,
As morning shows the day.

(John Milton.-Paradise Regained)